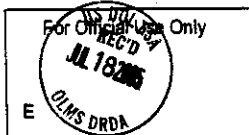


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3275</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Timothy A House</u> P.O. Box, Bldg., Room No., if any <u># 386</u> Street <u>312 CENTRAL AVE</u> City <u>MINNEAPOLIS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55414</u>	4. Name, file number, and address of labor organization. Name <u>PLASTERERS LOCAL 265</u> Labor Organization File Number <u>540276</u> P.O. Box, Building and Room Number, if any <u># 386</u> Street <u>312 CENTRAL AVE</u> City <u>MINNEAPOLIS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55414</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy House

On

7/7/2005

Date

612-379-1515

Telephone Number

Name of Person Filing

File Number U- 3275

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mo. Lath & Plaster Bureau

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 820 Transfer RdCity St. PaulState Mo. ZIP Code + 4 55114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If B.b. or B.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

Industry PromotionAd. to Bureau

11.b. Approximate dollar value of such dealing.

\$185,776.20

12.a. Nature of interest held or income received.

X mas Party

12.b. Amount.

\$25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U- <u>3275</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name McGrann, Shea, Anderson
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 2600
Street 800 Wisconsin Mall
City Mpls.
State Mn. ZIP Code + 4 55402

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plasterer & Cabinetmaker Health Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any #500
Street 3001 Metro Drive
City Bloomington
State Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

Trust Fund Attorney

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Trustee Meeting + Dinner

12.b. Amount.

\$75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment

Name of Person Filing	File Number U- <u>3275</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any #150

Street 5200 Wilbur Rd.

City Edina

State Mn. ZIP Code + 4 55424

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If B.b. or B.c. is checked give trust or employer's name.

Name Mpls. Operative Plumbers Retirement Plb

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any #500

Street 3001 Metro Drive

City Bloomington

State Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

Fund Manager

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Shareholder Lunch

12.b. Amount.

\$25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-3275

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

X-Mas Party

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

\$ 60.00